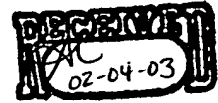


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FACSIMILE TRANSMISSION**CONFIDENTIAL****DATE:** February 4, 2003**CLIENT-MATTER No.:** 21216-06393**To:**

NAME	FAX No.	PHONE No.
Commissioner for Patents	1-703-746-7240	

FROM: Eileen A. Lehmann**PHONE:** (650) 335-7246**RE:** Request for Withdrawal As Attorney Or Agent

P 12:30

NUMBER OF PAGES WITH COVER PAGE: 4

ORIGINAL WILL NOT FOLLOW

MESSAGE:

Request for Withdrawal As Attorney Or Agent for Serial No. 10/005,507
Group Art Unit 2173
Attention: Examiner John Cabeca

21216/06393/DOCS/1325993.1

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/005,507
Filing Date	11/07/2001
First Named Inventor	Mahesh Subramanian
Group Art Unit	2173
Examiner Name	John Cabeca
Attorney Docket Number	21216-06393

To: Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

The client has requested the transfer of the application to another firm.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS☐ Customer Number☒ Firm or
Individual Name

Mr. David Fox

Address

Cantor Colburn, LLP

Address

55 Griffin Road South

City

Bloomfield

State

CT

Zip

06002

Country

Telephone

(860) 286-2929

Fax

☒ This request is made on behalf of myself and☒ all the attorneys/agents of record,☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number

on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.

Signature:

Eileen A. Lehmann

Typed or Printed Name:

Eileen A. Lehmann

Dated:

2/4/03

Facsimile Number:

1-703-746-7240

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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21216/06393/DOCS/1290513.1